



## CONFIDENTIAL DOCUMENT

### Health Care Licensing Application Addendum

**AUTHORITY:** Pursuant to section 408.806, Florida Statutes (F.S.), the Agency for Health Care Administration is required to obtain the name, address and Social Security number of the applicant and each controlling interest if the applicant or controlling interest is an individual; and the name, address, and federal employer identification number (EIN) of the applicant and each controlling interest if the applicant or controlling interest is not an individual. Disclosure of your Social Security number is mandatory. Your Social Security number will be used to secure the proper identification of persons listed on this application for licensure, criminal background checks and the indexing of controlling interests.

#### 1. Provider Information

Please complete the following and indicate whether background screening was conducted as part of this application.

Provider/Facility Type: ABORTION CLINIC	National Provider ID#: (if applicable)
Provider/Facility Name: A WOMAN'S CHOICE, LLC	

#### 2. Controlling Interests of Licensee

- A. **Individual Ownership of Licensee:** Provide the following information for each person with 5% or greater ownership interest in the licensee/provider. The individuals listed below must match those listed in Section 3A of the Health Care Licensing Application. Attach additional sheets if necessary. Entities (corporations, partnerships, associations, etc.) need not be listed.

FULL NAME	SOCIAL SECURITY NUMBER
MILTA TURBIDES	